

IPDR6702		NORTH CAROLINA					PAGE: 1		
RUN DATE: 04/06/2008		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 04/08/2008							
		FINANCIAL PAYER: NCMMH							
PROVIDER		HIGH DENIAL	NUMBER OF			TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	DENIALS	CLAIMS	CLAIMS
								FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/CD/SAS	7702	2359	IPRS DOES NOT ACCEPT ONE OR MORE OF THE BILLED MODIFIERS PLEASE CORRECT THE MODIFIER IN					
		11	2219	CLIENT NOT ELIGIBLE ON SERVICE DATE	49	6984	22671	15687	
		8599	825	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404904	WESTERN HIGHLAND DS LME	8505	833	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
		537	208	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE	0	1433	9775	8342	
		143	109	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE					
3404910	PATHWAYS	8800	391	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
		11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE	7	607	7746	7139	
		5308	36	PRIOR AUTHORIZED UNITS EXCEEDED					
3404912	CATAWBA COUNTY MENTAL HEALTH	8622	92	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.					
		8599	23	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	175	4302	4126	
		8505	21	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
3404913	MECKLENBURG COUNTY MENTAL HEALTH	8800	1995	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
		8326	474	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED	0	2808	11520	8712	
		11	126	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404916	CROSSROADS BEHAVIORAL HEALTH	8505	4083	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
		8800	291	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4395	4533	138	
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN					
3404917	CENTERPOINT HUMAN SERVICES	8505	393	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
		8326	128	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED	0	1078	6068	4990	
		8800	120	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					

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3404919	GUILFORD CO MEN TAL HEALTHC	8800	858	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1298	5447	4149
		8536	152	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	79	154	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		3411	60	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	491	4895	4404
		537	53	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404921	ORANGE PERSON C HATHAM AREA	8505	1651	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	310	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2179	4438	2259
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8800	3673	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8518	3468	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	8	7595	44079	36484
		8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8800	112	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	310	4348	4038
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	703	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		23	172	SERVICE REQUIRES PRIOR APPROVA L	2	1272	7514	6242
		8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	325	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	300	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	1520	7519	5999
		21	285	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	11	144	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	342	2891	2549
		5404	28	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

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3404930	JOHNSTON COUNTY MNTL HLTHC	8326	536	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	519	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1318	3659	2341
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC BILLING OF	8505	970	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	514	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	2619	5576	2957
		21	249	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	7052	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	615	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	8029	8350	321
		8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	829	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	714	DUPLICATE OF CLAIM-SYSTEM	0	2702	4518	1816
		8599	581	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8000	11	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		23	9	SERVICE REQUIRES PRIOR APPROVA L	0	30	2190	2160
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVIORAL H	8800	399	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	97	DUPLICATE OF CLAIM-SYSTEM	0	683	6390	5707
		7001	72	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404943	ALBEMARLE MENTAL HEALTH CE	3411	68	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8564	59	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	13	364	4303	3939
		5404	45	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMAN SERVICES	8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	6	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	46	5338	5292
		10	3	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404946	FOOTHILLS AREAMENTAL HEALTH	8505	148	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		79	29	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	226	809	583
		8800	16	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404949	PIEDMONT BEHAVIORAL HEALTH	8536	16	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8326	8	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED	0	32	34	2
		191	5	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				